PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/683,881			ing Date 10/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N	N/A		N/A		N/A		1	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/	N/A		N/A		N/A]	N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N.	N/A		N/A		N/A]	N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•			x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 =		•		x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and dra- sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMAL										ER THAN ALL ENTITY			
AMENDMENT	07/09/2008	CLAIMS REMAININ AFTER AMENDME		HIGH NUMI PRE\ PAID	BER NOUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 23	Min	ıs ** 9°	l	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 2	Min	ıs •••10	1	= 0		x \$ =		OR	X \$210=	0	
ΜĒ	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINI AFTER AMENDMI	NG R	NU PREV	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))	•	Min	JS **		=		x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	٠	Min	JS ***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									1			
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL		OR			
										OR	TOTAL ADD'L FEE		
** 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

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